

Outcome Measure	Repeatable Battery for the Assessment of Neuropsychological States (RBANS)
Sensitivity to Change	Yes
Population	Adult
Domain	Language and Communication
Type of Measure	Objective test
ICF-Code/s	b1
Description	<p>The RBANS is a brief neurocognitive battery with four alternate forms, measuring immediate and delayed memory, attention, language, and visuospatial skills. The RBANS was developed for two primary applications:</p> <ol style="list-style-type: none"> 1) As a stand-alone “core” battery for the detection and neurocognitive characterisation of dementia. 2) As a brief neurocognitive battery for the detection and tracking of neurocognitive deficits in a variety of disorders. <p>Administration time approximately 25 minutes, and is a “pencil-and-paper” test, with only a stimulus booklet and record form required for administration and scoring. It is broadly used for clinical diagnostic purposes and is increasingly employed as an endpoint in clinical trials of medications that may impact upon neurocognitive status.</p>
Properties	<p>The RBANS contains extensive information regarding the psychometric properties of the test, which was normed on a United States population-representative sample. The manual includes information on measures of internal consistency, test-retest reliability, inter-rater reliability, and concurrent validity with other neuropsychological tests. The test is scaled on the basis of age, and information is provided regarding educational effects on performance. Base rates of discrepancies among the various RBANS index scores are also provided for the normative sample within the manual.</p> <p>RBANS has established reputation in the literature for being able to detect adequate sensitivity in detecting cognitive impairment in a range of neuropsychiatric conditions, including Alzheimer's disease.</p> <p>Duff et al. (2010) examined the ability of the RBANS to detect milder cognitive deficits in the elderly - significant differences were observed on the RBANS Total score, 3 of the 5 Indexes, and 6 of the 12 subtests, with individuals with MCI performing worse than the comparison participants. Specificity was very good, but sensitivity ranged from poor to moderate. However, lower sensitivity values suggests that caution should be used in populations of milder impairment.</p>

Advantages	Four equivalent alternate forms allows for retesting patients without the confound of significant content-related practice effects. However, the authors still caution that it is best to avoid relying upon a single source of information to conclude there has been a significant change in a patient's neurocognitive status.
Disadvantages	Reduced sensitivity for milder populations.
Additional Information	This measure suggested by Lyn Turkstra for consideration/inclusion. It is a cognitive test which contains some language items that can be administrated by SLPs.
Reviewers	Kimberley Docking

References

Duff, K., Hobson, V.L., Beglinger, L.J, O'Bryant, S.E. (2010). Diagnostic Accuracy of the RBANS in Mild cognitive impairment: Limitations on Assessing Milder Impairments. *Archives in Clinical Neuropsychology*, 25 (5), 429-441.